



Vaccine Distribution Tracker (VDT) PHARMACY ACCOUNT REQUEST FORM

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below. The Service Desk will complete the request within five business days from receiving the request.

Email form to: dpebimmunizations@health.gov.sk.ca

User Information

Type of Request: New VDT Access Remove VDT Access

Requester Name:	First Name	Last Name	
Requester Organization:	Pharmacy		
Cell Phone:		Work Phone:	
Email Address:			
Pharmacy Name:			

Username Information

For **Pharmacists**, please enter your **PIP username**:

PIP Username:

If you **do not have a PIP account**, please register for an account at the following link: <https://services.ehealthsask.ca/services/pip>